



Request For Transfer of Funds

Reference: MOBILE CLINICS IN COORDINATION W/ UPMRC  
Project#: 98827

08/14/01

Bank One  
1505 E. Beltline Rd.

Dear Manager:

Please Complete the following transfer of funds no later  
than 08/14/01

Amount: \$7,000.00 Tot.   
From: The Holy Land Foundation For Relief & Development  
Account# 1070001258

To: HOLY LAND FOUNDATION  
Account #: 41914 T/R:  
Bank Name: PALESTINE INVESTMENT BANK  
Remarks: CHASE MANHATTAN BANK -NEW YORK  
ARAB JORDAN INVESTMENT BANK  
AMMAN JORDAN CHIPS ID 136008  
SWIFT AJIBJOAX  
Branch: BEERAH - RAMALLAH  
Country: ISRAEL

Thank You.

Sincerely,

Ghassan El-Ashi OR  
Chairman

Shukri A. Baker  
President, CEO

HLDL70 0000138